

Division of Corporations

L08000056039

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000146176 3)))



H080001461763ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Cardlink LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

08 JUN -6 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN -6 AM 8:14

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

JUN - 9 2008

<https://efile.sunbiz.org/scripts/cfilcovr.exe>

6/6/2008

EXAMINER

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H08000148176

ARTICLE I - Name

The name of the Limited Liability Company is: **Cardlink LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2638 NW 64th Blvd.

2638 NW 64th Blvd.

Boca Raton, FL 33496

Boca Raton, FL 33496

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Harvey Feinman

Name

2638 NW 64th Blvd.

(P.O. Box or Mail Drop Box NOT Acceptable)

Boca Raton, FL 33496

(City / State / Zip)

FILED
08 JUN -6 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature - Harvey Feinman

H08000148176

ARTICLE IV - Manager(s) or Managing Member(s):

H08000146176

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Harvey Feinman - 2638 NW 64th Blvd., Boca Raton, FL 33496

MGRM

Eric Feinman - 1755 York Avenue, Apt. 31C, New York, NY 10128

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Harvey Feinman

Typed or printed name of signee

FILED
08 JUN -6 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H08000146176